

# WILLIAMS POLICE DEPARTMENT

Employment Application



APPLICANT INFORMATION											
Last Name				First				M.I.		Date	
Street Address						Apartment/Unit #					
City				State				ZIP			
Phone				E-mail Address							
Date Available				Social Security No.				Desired Salary			
Driver's License Number						State:					
Position Applied for											
If you are under 18, can you furnish a work permit?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, please explain			
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?				
Have you ever pled "guilty," "no contest," or been convicted of a crime?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain				
How were you referred to us											
EDUCATION											
High School				Address							
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	
College				Address							
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	
College				Address							
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree	
Police Academy				Address							
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Possess P.O.S.T. Certificate? YES <input type="checkbox"/> NO <input type="checkbox"/>	
REFERENCES											
<i>Please list three professional references.</i>											
Full Name											
Relationship											
Company											
Address											
Phone											

Full Name	
Relationship	
Company	
Address	
Phone	
Full Name	
Relationship	
Company	
Address	
Phone	

**PREVIOUS EMPLOYMENT**

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

**MILITARY SERVICE**

Branch

From

To

Rank at Discharge

Type of Discharge

If other than honorable, explain

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

I hereby authorize any of the persons or organizations listed in my application to give all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and release all such parties from all liability that may result from furnishing such information to you. I authorize you to request and receive such information.

In consideration for my employment and my being considered for employment by your company, I agree to adhere to the rules and regulations of the company and hereby acknowledge that these rules and regulations may be changed by your company at any time, at the company's sole option and without any prior notice. In addition, I acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without prior notice, at any time, at the option of either the company or me .

I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to assure or make some other personnel move, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or to make any agreement, that is contrary to the foregoing.

I hereby acknowledge that I have been advised that this application will remain active for no more than 90 days from the date it was signed.

Signature

Date

**Equal Employment Opportunity Policy**

It is the ongoing policy of our company to afford equal employment opportunity to qualified individuals regardless of their race, color, religion, sex, national origin, age, physical or mental handicap, veteran status, or because they are disabled veterans, and to conform to applicable laws and regulations. In keeping with the intent of this policy, the company will adhere strictly to the following personnel practices:

Recruitment, hiring, and promotion of individuals in all job classifications will be conducted without regard to race, color, religion, national origin, age, sex, physical or mental handicap, veteran status, or because he or she is a disabled veteran, except where a bona fide occupational qualification must be met.

Employment decisions will be made in such a manner as to further the principles of equal employment opportunity through the use of valid job-related criteria. All other personnel actions, such as compensation, benefits, transfers, training and development, educational assistance, and social and recreational programs, will be administered without regards to race, color, religion, national origin, age, sex, physical or mental handicap, veteran status, or because he or she is a disabled veteran, except where a bona fide occupational qualification must be met.

Thorough and documented analyses of all personnel actions will be conducted to ensure compliance with the concept of equal opportunity.

Overall responsibility for the development and execution of our Affirmative Action Program is delegated to the City Administrator.